



#8 Box m

PTO/SB/66 (03-09)
Approved for use through 03/31/2012. OMB 0651-0016
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**PETITION TO ACCEPT UNINTENTIONALLY DELAYED PAYMENT OF
MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378 (c))**

Docket Number (Optional)

RDP001U

RECEIVED

Mail to: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Fax: (571) 273-8300

FEB 07 2011
OFFICE OF PETITIONS

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (571) 272-3282.

Patent No. 6,635,309

Application Number 09/803,218

Issue Date October 21, 2003

Filing Date March 12, 2001

CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

Also complete the following information, if applicable

The above – identified patent

02/04/2011 DALLEN 00000010 6635309
01 FC:1599 3320.00 OP

☐

Is a reissue of original Patent No. _____ original issue date _____

original application number _____

original filing date _____

CHECK Refund Total: \$2130.00

☐

resulted from the entry into the U.S. under 35 U.S.C. 371 of international application _____

filed on _____

CERTIFICATE OF MAILING (37 CFR 1.89(a))

I hereby certify that this paper (*along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class main in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

01/28/2011
Date

Signature

Don E. Erickson

Typed or Printed Name of Person Signing

01 FC:2551 490.00 OP
02 FC:1557 700.00 OP

[page 1 of 3]

This collection of information is required by 37 CFR 1.378(c). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

1. SMALL ENTITY

☒ Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27.

2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

☐ Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)

3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

NOT Small Entity			Small Entity		
Amount	Fee	(Code)	Amount	Fee	(Code)
<input type="checkbox"/> \$ _____	3 ½ yr fee	(1551)	<input checked="" type="checkbox"/> \$ 980	3 ½ yr fee	(2551)
<input type="checkbox"/> \$ _____	7 ½ yr fee	(1552)	<input type="checkbox"/> \$ _____	7 ½ yr fee	(2552)
<input type="checkbox"/> \$ _____	11 ½ yr fee	(1553)	<input type="checkbox"/> \$ _____	11 ½ yr fee	(2553)

MAINTENANCE FEE BEING SUBMITTED \$ 980

4. SURCHARGE

The surcharge required by 37 CFR 1.20(i)(2) of \$ 1,640 (Fee Code 1558) must be paid as a condition of accepting unintentionally delayed payment of a maintenance fee.

SURCHARGE FEE BEING SUBMITTED \$ 1,640

5. MANNER OF PAYMENT

☒ Enclosed is a check for the sum of \$ 3,320

☐ Please charge Deposit Account No. _____ the sum of \$ _____

☐ Payment by credit card. Form PTO-2038 is attached.

6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY

☐ The Director is hereby authorized to charge any maintenance fee, surcharge or petition deficiency to Deposit Account No. _____

7. OVERPAYMENT

As to any overpayment made please

OR

☐

Credit to Deposit Account No. _____

☒

Send refund check

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

8. STATEMENT

The delay in payment of the maintenance fee to this patent was unintentional.

9. PETITIONER(S) REQUEST THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED



Signature(s) of Petitioner(s)

01/28/2011

Date

Don E. Erickson

Typed or printed name(s)

38,873

Registration Number, if applicable

760-814-8032

Telephone Number

7668 El Camino Real, Ste. 104 #627

Address

Carlsbad, CA 92009

Address

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."

ENCLOSURES

☒

Maintenance Fee Payment

☒

Surcharge under 37 CFR 1.20(i)(2) (fee for filing the maintenance fee petition)

☐



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION TO ACCEPT UNAVOIDABLY DELAYED PAYMENT OF
MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(b))**

Docket Number (Optional)
RDP001U

RECEIVED

FEB 07 2011

OFFICE OF PETITIONS

Mail to: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450
Fax: (571) 273-8300

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(571) 272-3282.

Patent Number: 6,635,309

Application Number: 09/803,218

Issue Date: October 21, 2003

Filing Date: March 12, 2001

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Also complete the following information, if applicable:

The above-identified patent:

☐ is a reissue of original Patent No. _____ original issue date _____;
original application number _____
original filing date _____

☐ resulted from the entry into the U.S. under 35 U.S.C. 371 of international application
_____ filed on _____

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

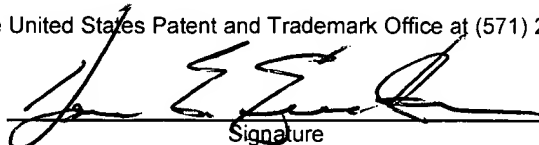
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is

(1) being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 OR

(2) transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

01/28/2011

Date


Signature

Don E. Erickson

Typed or printed name of person signing Certificate

[Page 1 of 4]

This collection of information is required by 37 CFR 1.378(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

☐ Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)

3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

NOT Small Entity			Small Entity		
Amount	Fee	(Code)	Amount	Fee	(Code)
<input checked="" type="checkbox"/> \$ _____	3 ½ yr fee	(1551)	<input checked="" type="checkbox"/> \$ 980	3 ½ yr fee	(2551)
<input type="checkbox"/> \$ _____	7 ½ yr fee	(1552)	<input type="checkbox"/> \$ _____	7 ½ yr fee	(2552)
<input type="checkbox"/> \$ _____	11 ½ yr fee	(1553)	<input type="checkbox"/> \$ _____	11 ½ yr fee	(2553)

MAINTENANCE FEE BEING SUBMITTED \$ _____

4. SURCHARGE

The surcharge required by 37 CFR 1.20(i)(1) of \$ 700 (Fee Code 1557) must be paid as a condition of accepting unavoidably delayed payment of the maintenance fee.SURCHARGE FEE BEING SUBMITTED \$ 700

5. MANNER OF PAYMENT

☒ Enclosed is a check for the sum of \$ 3,320☐ Please charge Deposit Account No. _____ the sum of \$ _____☐ Payment by credit card. Form PTO-2038 is attached.

6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY

☐ The Director is hereby authorized to charge any maintenance fee, surcharge or petition fee deficiency to Deposit Account No. _____

7. OVERPAYMENT

As to any overpayment made, please

☐ Credit to Deposit Account No. _____

OR

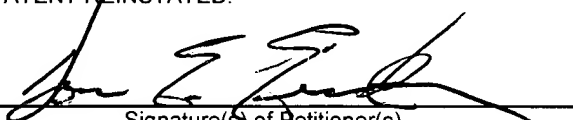
☒ Send refund check**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

8. SHOWING

The enclosed statement will show that the delay in timely payment of the maintenance fee was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that this petition is being filed promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent. The statement must enumerate the steps taken to ensure timely payment of the maintenance fee, the date and the manner in which the patentee became aware of the expiration of the patent, and the steps taken to file the petition promptly.

9. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED.


Signature(s) of Petitioner(s)

01/28/11

Date

Don E. Erickson

Typed or printed name(s)

38,873

Registration Number, if applicable

7668 El Camino Real, Ste. 104 #627

Address

760-814-8032

Telephone Number

Carlsbad, CA 92009

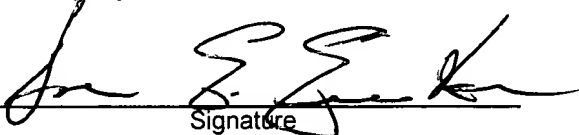
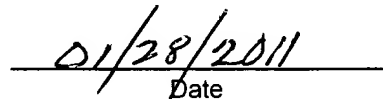
Address

ENCLOSURES:

- ☒ Maintenance Fee Payment
☒ Statement why maintenance fee was not paid timely
☒ Surcharge under 37 CFR 1.20(i)(1) (fee for filing the maintenance fee petition)
☐ Other:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."


Signature
Date

Don E. Erickson

Type or printed name

38,873

Registration Number, if applicable

STATEMENT

(In the space below, please provide the showing of unavoidable delay recited in paragraph 8 above.)

See Declaration of Richard D. Pollak and Exhibits 1 and 2, attached hereto.

(Please attach additional sheets if additional space is needed)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent of)
RICHARD D. POLLAK)
Docket No. RDP001U)
Serial No. 09/803,218)
Filed: March 12, 2001)
Issued: October 21, 2003)
Patent No. 6,635,309)
For: Process for the Color Enhance-)
ment of Gemstones)
_____)

Commissioner for Patents
Office of Petitions
P.O. Box 1450
Alexandria, VA 22313-1450

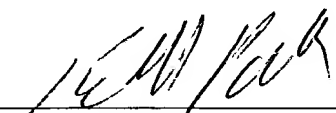
DECLARATION OF RICHARD D. POLLAK

I, Richard D. Pollak, state as follows:

1. In calendar year 2009, I became aware that I had failed to pay the maintenance fee due on my above noted patent.
2. I intended to file a petition for the unintentional delay in paying such maintenance fee.
3. During such time I had been experiencing some loss of memory and forgetfulness.
4. On September 19, 2009 I blacked out while driving, resulting in my collision with a tree. (See Exhibit 1, attached.)
5. Test results following such accident revealed that I had been suffering, in addition, to coronary heart disease.
6. Over the next few months, I had two surgeries to correct this problem. (See Exhibit 2, attached.)
7. The above problems made my payment of the maintenance fee unavoidable.
8. I have been recuperating from these surgeries, have experienced a recovery of memory, hence my desire to pay the requisite fees.

The declarant has nothing further to add.

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that all statements made of his own knowledge are true and that all statements made on information and belief are believed to be true.



Richard D. Pollak

Date of Signature: January 28, 2011

GEORGE W. GROTH, M.D.

P.O. Box 950

Rancho Santa Fe, CA 92067

Phone (858) 756-2116

Fax (858) 756-4142

License G38045

January 25, 2011

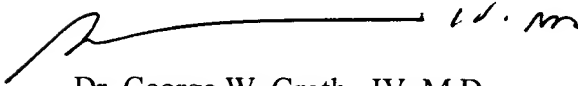
Re: Richard Pollack

To Whom It May Concern:

Mr. Pollack's medical condition from the auto accident of 9/19/2009 until May 2010, effected his memory in such a way that he would have been unlikely to remember to renew his patent. His conditions included a concussion on 9/19/2009 and two heart surgeries in the following months for coronary artery disease.

If I can provide you with any additional assistance with respect to this matter please feel free to contact me.

Sincerely,



Dr. George W. Groth , IV, M.D.


[Claims List](#) [Return to Search](#)
Unit: [Claims Overview](#)
[Overview](#) **[Loss](#)** [Contacts](#) [Activities](#) [Coverage](#) [Appointments](#) [Payments](#) [Unit Details](#) [Documents](#)


Loss Date:
9/19/2009
Report Date:
9/20/2009
Policy Number:
0153629474
Insured:
RICHARD POLLAK
Status:
Open
Claim Type:
Collision
CAT Code:

Agent Information

PAUL HUSTON
 2120 JIMMY
 DURANTE BLVD STE
 113
 DEL MAR CA 92014-
 2269

Phone Number:
 (858)481-3116(Best)

Helpful Hints

Common Acronyms
 and Common
 Abbreviations

Claim Recoveries

Total Subrogation Recovered	Last Subrogation Recovery Date	Subrogation Unit Office	Total Salvage Recovered	Last Salvage Recovery Date
\$1,011.00		WEST AUTO SUBROGATION		

Loss Description

CRNEI 09/21/2009: Insured hit stationary object.

Loss Location

Address	Location Type	Cross Street
North El Camino Real Del Mar, CA	Road Location	Unknown

Law Enforcement

Department Name	Department Type	Report Taken	Report Number	Comments
No matching records found				

Helpful Hint

- If you have questions about the Care Coding below, contact the assigned adjuster. The adjuster's contact information is available by clicking on the Contact tab above.

CARE Coding - Auto Only

Driver Involved:	Insured/Household	Date Submitted:	09/21/2009 01:05:10
Fault:	Negligent		
Name:	Additional Description		
Insured Driver		Other Object:	Stationary object other than auto
Primary Cause:	Hit object or pedestrian	Primary Description:	Hit other car - no better description applies
Secondary Cause:		Secondary Description:	

Disclaimer

The information presented on this page reflects our record of the Facts of Loss as reported to us for this claim. The Facts of Loss as reported do not necessarily represent the results of our claim investigation. If you have any questions regarding this information, please contact your assigned claims representative.



ation

[Claims List](#) [Return to Search](#)
Unit: [Claims Overview](#)

Loss Date:
9/19/2009
Report Date:
9/20/2009
Policy Number:
0153629474
Insured:

RICHARD POLLAK
Status:
Open
Claim Type:
Collision
CAT Code:

Agent Information

PAUL HUSTON
2120 JIMMY
DURANTE BLVD STE
113
DEL MAR CA 92014-
2269

Phone Number:
(858)481-3116(Best)

Helpful Hints

Common Acronyms
and Common
Abbreviations

Overview [Loss](#) [Contacts](#) [Activities](#) [Coverage](#) [Appointments](#) [Payments](#) [Unit Details](#) [Documents](#)

Loss Information

Policy Type: Auto
Loss: CRNEI 09/21/2009: Insured hit stationary object.

Claim Units

Unit Number	Type	Status
1014728566-1-1	MD	Closed
1014728566-1-4	Subrogation	Closed

Contacts

Name	Role	Phone Number	E-mail
RICHARD	Insured	(858)922-9946	X
PAUL	Agent - Farmers	(858)481-3116	✉

Payments (Indemnity Only)

Unit Number	Unit Type	Status	Total Unit Paid
1014728566-1-1	MD	Paid	\$9,024.15
1014728566-1-1	MD	Paid	\$2,184.27
Total Claim Paid			\$11,208.42

Activities

Claim Number: 1014728566-1

Type	Description	Created	Status
File Note	I-Log	09-21-2009	
First Contact	I-Log	09-21-2009	
Assignment	Unit Assigned	09-21-2009	Done

[More Activities](#)**Documents**

Type	Sub Type	Description	Date Received
Photographs	Vehicle	Mileage photo	09-25-2009
Photographs	Vehicle	Ins veh photos	09-22-2009
SubroSource	SubroSource		
Correspondence	Correspondence		

[More Documents](#)**Disclaimer**

The information presented on this page reflects our records in connection with this claim only and is not applicable to any other claim or claims that may have been reported under this policy.

Exhibit #1

2/01/11

SCRIPPS MEMORIAL ENCINITAS

PAGE: 1

FILE 50354

LOS ANGELES, CA 90074-0354

Statement on: 02/12/10 at 09:18 AM

Guarantor: POLLAK RICHARD D
 3133 VIA DE CABALLO
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D
 Visit #: 100929310

Date	Svc Code	Description	Debits	Credits
12/29/09	10401008	R&B ICU - GENERAL	8854.79	
12/29/09	19000080	ABCIXIMAB 2MG/ML 5ML	13225.68	
12/29/09	19003886	ATROPINE 1MG SRN	40.00	
12/29/09	19014909	BENADRYL 50MG	40.00	
12/29/09	19018124	PEPCID 10MGML 2ML VL	40.00	
12/29/09	19022431	HEP 10000U 1ML VL	40.00	
12/29/09	19023470	SOLUCORTEF 250MG VL	40.00	
12/29/09	19027539	LIDO 1% 20ML VL	4.62	
12/29/09	19032752	MORPHINE 2MG/ML 1ML CAR	80.00	
12/29/09	19033123	MORPHINE 5MG/1ML VL	40.00	
12/29/09	19033537	SODIUM BICARBONATE 4% 5	40.00	
12/29/09	19036118	NITROPRESS 50MG VL	72.86	
12/29/09	19039260	PHENYLEPHRINE 50MG/5ML	70.33	
12/29/09	19049731	MIDAZOLAM 1MG/ML 5ML	40.00	
12/29/09	19055383	METOPROLOL TARTRATE	80.00	
12/29/09	19056050	NITRO 0.1MG/ML 10ML VL	40.00	
12/29/09	19056076	VERAPAMIL 10MG VL	40.00	
12/29/09	19057249	FENTANYL 0.05MG/ML 2ML	80.00	
12/29/09	19057306	ONDANSETRON 2MG/ML 2ML	40.00	
12/29/09	19103803	ATORVASTATIN 20MG	115.44	
12/29/09	19107697	CARVEDILOL 3.125MG TAB	12.00	
12/29/09	19128255	LISINOPRIL 5MG TAB	12.00	
12/29/09	19128529	LORAZEPAM 1MG TAB	24.00	
12/29/09	19135920	NTG 0.4MG 25 TABS	12.00	
12/29/09	19140953	PREDNISONE 20MG TAB	36.00	
12/29/09	19170364	CLOPIDOGREL 300MG TAB	170.44	
12/29/09	19212283	DEXTROSE 5%/WATER 250ML	51.21	
12/29/09	19222290	HEPARIN 1000U	120.00	
12/29/09	19251133	DOPAMINE 400MG	71.71	
12/29/09	19435987	NITROGLY 2% 1GM OINT UD	25.00	
12/29/09	19514842	BENADRYL 25MG TAB	3.00	
12/29/09	21585336	IV 0.9% NS 1000ML	73.60	
12/29/09	21638523	SET PUMP NON-VTD 20DRP	87.62	
12/29/09	21641584	OXISENSOR ADLT ADHSVE	70.28	
12/29/09	21649660	IV START KT W/BD STATLO	112.35	
12/29/09	21660212	CUFF BP ADLT LG SOFT DI	31.33	
12/29/09	24400376	CATH LEFT RETROGRADE	9181.29	
12/29/09	24400541	INJ LEFT VENT/ATRIAL AN	182.70	
12/29/09	24400566	INJ CORONARY ANGIO	269.30	
12/29/09	24400574	IMAGING VENT/ATRIAL ANG	1667.30	
12/29/09	24400582	IMAGING PULMONARY ANGIO	2623.30	
12/29/09	24401424	CDES PLACEMENT INT RCA	27145.45	

- Continue -

SCRIPPS MEMORIAL ENCINITAS
 FILE 50354
 LOS ANGELES, CA 90074-0354
 Statement on: 02/12/10 at 09:18 AM

PAGE: 2

Guarantor: POLLAK RICHARD D
 3133 VIA DE CABALLO
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D
 Visit #: 100929310

Date	Svc Code	Description	Debits	Credits
12/29/09	24401788	PERC TRANSLUM CRNRY THR	9425.76	
12/29/09	24402000	PERICARDIOCENTESIS INIT	1247.27	
12/29/09	24503013	SHEATH 6FR PINNACLE INT	71.42	
12/29/09	24503039	SHEATH 8FR PINNACLE INT	142.84	
12/29/09	24508442	TRAY CATH LAB ENC	405.55	
12/29/09	24521734	COMPRESSOR FEMOSTOP GRO	291.20	
12/29/09	24530792	CONT VISIPAQ 320MG 150M	777.84	
12/29/09	24546939	CONT VISIPAQ 320MG 50ML	136.40	
12/29/09	24551400	PACK PRIORITY 20/20	244.40	
12/29/09	24560435	GUIDEWIRE FRT MOD 185CM	416.00	
12/29/09	24570277	BLN DIL QNT MAV 20X3.50	1040.00	
12/29/09	24576266	PATCH VASCULAR CHITO-SE	227.00	
12/29/09	24594376	KIT SYRINGE CUSTOM ENCI	75.50	
12/29/09	24598971	CATH ZUMA 8FR HSISH	275.60	
12/29/09	24600991	CATH IMPULSE 6F FL4 100	58.51	
12/29/09	24601007	CATH IMPULSE 6F FR4 100	58.51	
12/29/09	24601056	CATH IMPULSE 6F PIG 100	58.51	
12/29/09	24604886	BAIR HUG ADULT	124.95	
12/29/09	24605065	CLIPPER SURG DISP	84.92	
12/29/09	24606576	CATH EXTRACTION PRONTO	2103.75	
12/29/09	24607343	ANGIO-SEAL 8F VIP	1040.00	
12/29/09	24617532	SET PUMP NON-VTD 20DRP	87.62	
12/29/09	24637423	STENT DES XIENCE3.5X28M	7905.00	
12/29/09	40630279	LIPID PANEL	117.00	
12/29/09	40630360	CK TOTAL	113.80	
12/29/09	40632275	TROPONIN I	172.00	
12/29/09	40632622	CK MB	201.80	
12/29/09	40650038	CBC	135.80	
12/29/09	40670614	PROTHROMBIN TIME	34.40	
12/29/09	40670622	APTT	52.40	
12/29/09	40748576	VENIPUNCTURE	18.80	
12/29/09	40754459	COMPREHENSIVE PANEL	92.40	
12/29/09	40760019	D-DIMER, QUANT	88.90	
12/29/09	40760050	NATRIURETIC PEBTIDE (BN	296.50	
12/29/09	49700016	EKG ROUTINE 12 LEAD TRA	164.10	
12/29/09	61100095	CHEST SINGLE VW	158.22	
12/29/09	70100623	ER LEVEL V	1629.01	
12/29/09	70183207	VENIPUNCTURE	18.80	
12/29/09	70183413	OXIMETRY MULTIPLE	170.00	
12/30/09	10401008	R&B ICU - GENERAL	8854.79	
12/30/09	19103803	ATORVASTATIN 20MG	38.48	
12/30/09	19107697	CARVEDILOL 3.125MG TAB	24.00	

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Guarantor: POLLAK RICHARD D
3133 VIA DE CABALLO
ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D
Visit #: 100929310

Date	Svc Code	Description	Debits	Credits
12/30/09	19118132	FAMOTIDINE 20MG TAB	12.00	
12/30/09	19128255	LISINOPRIL 5MG TAB	24.00	
12/30/09	19140953	PREDNISONE 20MG TAB	36.00	
12/30/09	19514842	BENADRYL 25MG TAB	6.00	
12/30/09	19515310	DOCUSATE NA 100MG CAP	6.00	
12/30/09	40630279	LIPID PANEL	117.00	
12/30/09	40630360	CK TOTAL	170.70	
12/30/09	40632275	TROPONIN I	172.00	
12/30/09	40632622	CK MB	302.70	
12/30/09	40633109	TSH	146.80	
12/30/09	40650038	CBC	67.90	
12/30/09	40670614	PROTHROMBIN TIME	34.40	
12/30/09	40754442	BASIC METABOLIC PANEL	74.00	
12/30/09	49610280	ECHO 2DCOMP W/ DOPPLER	2146.00	
12/30/09	49700016	EKG ROUTINE 12 LEAD TRA	164.10	
12/30/09	58700469	OXYGEN PER HOUR . -	316.32	
12/30/09	65103137	VENOUS DPLX LOW EXT BIL	807.20	
12/31/09	10404036	R&B M/S - SEMI-PRIVATE	2954.97	
12/31/09	19103803	ATORVASTATIN 20MG	38.48	
12/31/09	19107697	CARVEDILOL 3.125MG TAB	24.00	
12/31/09	19110600	CLOPIDOGREL 75MG TAB	22.16	
12/31/09	19118132	FAMOTIDINE 20MG TAB	24.00	
12/31/09	19120336	FUROSEMIDE 20MG TAB	12.00	
12/31/09	19128255	LISINOPRIL 5MG TAB	36.00	
12/31/09	19140953	PREDNISONE 20MG TAB	36.00	
12/31/09	19503548	ASPIRIN 325MG TAB	3.00	
12/31/09	19514842	BENADRYL 25MG TAB	6.00	
12/31/09	19515310	DOCUSATE NA 100MG CAP	6.00	
12/31/09	40650038	CBC	67.90	
12/31/09	40670614	PROTHROMBIN TIME	34.40	
12/31/09	40748576	VENIPUNCTURE	18.80	
12/31/09	40748998	RENAL FUNCTION PANEL	75.90	
01/01/10	19107697	CARVEDILOL 3.125MG TAB	12.00	
01/01/10	19108729	ZYRTEC 10MG TAB	12.00	
01/01/10	19110600	CLOPIDOGREL 75MG TAB	22.16	
01/01/10	19118132	FAMOTIDINE 20MG TAB	12.00	
01/01/10	19120336	FUROSEMIDE 20MG TAB	12.00	
01/01/10	19125988	KCL 20MEQ PACKET EA	4.00	
01/01/10	19128255	LISINOPRIL 5MG TAB	12.00	
01/01/10	19140953	PREDNISONE 20MG TAB	36.00	
01/01/10	19419414	FLUNISOLIDE NASAL SP	162.72	
01/01/10	19503548	ASPIRIN 325MG TAB	3.00	

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Guarantor: POLLAK RICHARD D
 3133 VIA DE CABALLO
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D
 Visit #: 100929310

Date	Svc Code	Description	Debits	Credits
01/01/10	19514842	BENADRYL 25MG TAB	3.00	
01/01/10	19515310	DOCUSATE NA 100MG CAP	6.00	
01/01/10	32500076	TELEMETRY SERVICE PER D	1506.04	
01/01/10	40628786	CULTUREBLOOD	180.40	
01/01/10	40650038	CBC	67.90	
01/01/10	40651127	URINALYSIS-MACRO ONLY	19.70	
01/01/10	40670614	PROTHROMBIN TIME	34.40	
01/01/10	40748576	VENIPUNCTURE	37.60	
01/01/10	40754442	BASIC METABOLIC PANEL	74.00	
01/01/10	49700016	EKG ROUTINE 12 LEAD TRA	164.10	
01/01/10	70500491	ADL TRAINING 15 MIN	126.00	
01/01/10	70501358	OCCUPATIONAL THERAPY EV	343.46	
01/01/10	70801402	PHYSICAL THERAPY EVAL	341.36	
01/06/10	26001	UNINSURED DISCOUNT		22935.12-
01/11/10	26001	UNINSURED DISCOUNT		32.82-
* - Not posted			Balance:	91871.98

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Guarantor: POLLAK RICHARD D
3133 VIA DE CABALLO
ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D
Visit #: 100966005

Date	Svc Code	Description	Units	Debits	Credits
03/10/10	10401008	R&B ICU - GENERAL	1	8854.79	
03/10/10	19022464	HEPARIN, PORCINE 10000	1	40.00	
03/10/10	19027539	LIDO 1% 20ML VL	1	4.62	
03/10/10	19031358	METHYLPREDNISOLONE 12	1	40.00	
03/10/10	19032752	MORPHINE 2MG/ML 1ML C	2	80.00	
03/10/10	19033537	SODIUM BICARBONATE 4%	1	40.00	
03/10/10	19049731	MIDAZOLAM 1MG/ML 5ML	2	80.00	
03/10/10	19055383	METOPROLOL TARTRATE	1	40.00	
03/10/10	19056050	NITRO 0.1MG/ML 10ML V	1	40.00	
03/10/10	19057249	FENTANYL 0.05MG/ML 2M	2	80.00	
03/10/10	19103803	ATORVASTATIN 20MG	2	38.48	
03/10/10	19107697	CARVEDILOL 3.125MG TA	2	24.00	
03/10/10	19108729	ZYRTEC 10MG TAB	1	12.00	
03/10/10	19113745	DIAZEPAM 5MG TAB	1	12.00	
03/10/10	19118132	FAMOTIDINE 20MG TAB	2	24.00	
03/10/10	19128255	LISINOPRIL 5MG TAB	2	24.00	
03/10/10	19135920	NTG 0.4MG 25 TABS	2	24.00	
03/10/10	19140953	PREDNISONE 20MG TAB	1	12.00	
03/10/10	19170364	CLOPIDOGREL 300MG TAB	1	85.22	
03/10/10	19222290	HEPARIN 1000U	3	120.00	
03/10/10	19236084	NITRO 0.2MGML/D5 PBA	1	40.00	
03/10/10	19420047	FLONASE 0.5% 16GM NAS	1	263.41	
03/10/10	19503605	ASPIRIN 81MG CHEW TAB	3	9.00	
03/10/10	19514842	BENADRYL 25MG TAB	2	6.00	
03/10/10	21649660	IV START KT W/BD STAT	1	37.45	
03/10/10	21660204	CUFF BP ADLT MD SOFT	1	27.87	
03/10/10	24400368	CATH PLC COR ART W/O	1	9181.29	
03/10/10	24400566	INJ CORONARY ANGIO	1	269.30	
03/10/10	24400582	IMAGING PULMONARY ANG	1	2623.30	
03/10/10	24401341	ACTIVATED CLOT TIME	1	46.80	
03/10/10	24401424	CDES PLACEMENT INT RC	1	27145.45	
03/10/10	24500589	SET INTRO CATH 6FR RA	1	246.48	
03/10/10	24503039	SHEATH 8FR PINNACLE I	1	71.42	
03/10/10	24508442	TRAY CATH LAB ENC	1	405.55	
03/10/10	24508921	KIT TRANSDUCER SUMMIT	1	63.42	
03/10/10	24521734	COMPRESSOR FEMOSTOP G	1	291.20	
03/10/10	24530792	CONT VISIPAQ 320MG 15	2	518.56	
03/10/10	24551400	PACK PRIORITY 20/20	1	244.40	
03/10/10	24560435	GUIDEWIRE FRT MOD 185	1	416.00	
03/10/10	24568149	BLN DIL MAVRK2 2.5X15	1	1040.00	
03/10/10	24570160	BLN DIL QNT MAV 15X3.	1	1040.00	
03/10/10	24571135	INTRO ULMUM 6FR ACT	1	67.95	

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Guarantor: POLLAK RICHARD D
 3133 VIA DE CABALLO
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D
 Visit #: 100966005

Date	Svc Code	Description	Units	Debits	Credits
03/10/10	24579476	CATH ZUMA 8FR HS1	1	275.60	
03/10/10	24594376	KIT SYRINGE CUSTOM EN	1	75.50	
03/10/10	24600991	CATH IMPULSE 6F FL4 1	1	58.51	
03/10/10	24601007	CATH IMPULSE 6F FR4 1	1	58.51	
03/10/10	24601056	CATH IMPULSE 6F PIG 1	1	58.51	
03/10/10	24604886	BAIR HUG ADULT	1	124.95	
03/10/10	24605065	CLIPPER SURG DISP	1	84.92	
03/10/10	24605172	TUBING CONNECTING 48I	1	49.08	
03/10/10	24607343	ANGIO-SEAL 8F VIP	1	1040.00	
03/10/10	24614000	CATH ZUMA 8F F3.5 SH	1	275.60	
03/10/10	24622722	APPLICATOR CHLORAPREP	1	53.00	
03/10/10	24623589	OXISENSOR ADLT ADHSV	1	70.28	
03/10/10	24637332	STENT DES XIENCE 3.5X	1	7905.00	
03/10/10	24642308	CUFF BP ADLT MD SOFT	1	27.87	
03/10/10	24650228	HEMOSTAT HEMCON 1.5X1	1	227.00	
03/10/10	40630279	LIPID PANEL	1	117.00	
03/10/10	40630360	CK TOTAL	4	227.60	
03/10/10	40632085	LIPASE	1	60.20	
03/10/10	40632275	TROPONIN I	4	344.00	
03/10/10	40632622	CK MB	4	403.60	
03/10/10	40633109	TSH	1	146.80	
03/10/10	40633778	MAGNESIUM	1	58.50	
03/10/10	40650038	CBC	3	203.70	
03/10/10	40670614	PROTHROMBIN TIME	1	34.40	
03/10/10	40670622	APTT	1	52.40	
03/10/10	40683385	GLYCOHEMOGLOBIN-A	1	84.80	
03/10/10	40686768	PLATELET AGG EA MEM	2	375.40	
03/10/10	40748576	VENIPUNCTURE	6	112.80	
03/10/10	40754459	COMPREHENSIVE PANEL	1	92.40	
03/10/10	40760050	NATRIURETIC PEBTIDE (1	296.50	
03/10/10	49610280	ECHO 2DCOMP W/ DOPPLE	1	2146.00	
03/10/10	49700016	EKG ROUTINE 12 LEAD T	2	328.20	
03/10/10	58700469	OXYGEN PER HOUR	4	105.44	
03/10/10	58700717	OXIMETRY CONT OVERNIG	1	287.30	
03/10/10	61100095	CHEST SINGLE VW	1	158.22	
03/10/10	65103137	VENOUS DPLX LOW EXT B	1	807.20	
03/10/10	70100615	ER LEVEL IV	1	1152.33	
03/10/10	70183413	OXIMETRY MULTIPLE	1	170.00	
03/11/10	19107705	CARVEDILOL 6.25MG TAB	1	12.00	
03/11/10	19108729	ZYRTEC 10MG TAB	1	12.00	
03/11/10	19110600	CLOPIDOGREL 75MG TAB	1	22.16	
03/11/10	19118132	FAMOTIDINE 20MG TAB	1	12.00	

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Guarantor: POLLAK RICHARD D
 3133 VIA DE CABALLO
 ENCINITAS, CA 92024-0000

Patient: POLLAK RICHARD D
 Visit #: 100966005

Date	Svc Code	Description	Units	Debits	Credits
03/11/10	19128230	PRINIVIL 10MG TAB	1	12.00	
03/11/10	19503548	ASPIRIN 325MG TAB	1	3.00	
03/11/10	19515310	DOCUSATE NA 100MG CAP	2	6.00	
03/11/10	21656020	SLEEVE IPC CALF MED	-1		173.05-
03/11/10	40630360	CK TOTAL	1	56.90	
03/11/10	40632275	TROPONIN I	1	86.00	
03/11/10	40632622	CK MB	1	100.90	
03/11/10	40650038	CBC	1	67.90	
03/11/10	40683385	GLYCOHEMOGLOBIN-A	1	84.80	
03/11/10	40748576	VENIPUNCTURE	1	18.80	
03/11/10	40754442	BASIC METABOLIC PANEL	1	74.00	
03/11/10	49700016	EKG ROUTINE 12 LEAD T	1	164.10	
03/11/10	58700469	OXYGEN PER HOUR	12	316.32	
03/16/10	26001	UNINSURED DISCOUNT	-1		14585.57-
03/19/10	1101	CHECKS-FACILITY	-1		500.00-
03/19/10	50450	PROMPT PAYMENT ADJ	0		43169.34-
08/27/10	32500	BAD DEBT AGENCY ADJ	-1		14500.00-
08/27/10	33000	BAL FORWARD TO BAD DE	1	14500.00	
* - Not posted				Balance:	14500.00